

NEHEMIAH ROBINSON  
PLAINTIFF/PETITIONER/MOVANT'S NAME  
J-71342  
PRISON NUMBER  
CALIPATRIA STATE PRISON  
PLACE OF CONFINEMENT  
P.O. BOX 5004, CALIPATRIA, CA. 92233  
ADDRESS

FILED

2008 FEB 27 PM 3:14

CLERK US DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA

BY RM DEPUTY

United States District Court  
Southern District Of California

NEHEMIAH ROBINSON,  
Plaintiff/Petitioner/Movant  
v.  
A. T. CATLETT ET, AL.,  
Defendant/Respondent

Civil No. 08CV01161 H (BLM)  
(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

**MOTION AND DECLARATION UNDER  
PENALTY OF PERJURY IN SUPPORT  
OF MOTION TO PROCEED IN FORMA  
PAUPERIS**

I, NEHEMIAH ROBINSON J-71342

declare that I am the Plaintiff Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

**In further support of this application, I answer the following question under penalty of perjury:**

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration CALIPATRIA STATE PRISON

Are you employed at the institution? ☐ Yes ☒ No

Do you receive any payment from the institution? ☐ Yes ☒ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. N/A.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. DONT RECALL DATE; C/D DEVERS

WAS PLAINTIFF EMPLOYER, PLAINTIFF ASSIGNED DUTY WAS CULINARY WORKER; AMOUNT OF PLAINTIFF PAY WAS ABOUT \$19.00 MONTHLY; ON OR ABOUT 2001, AT CSPI SAC NEW FOLSOM (THAT WAS PLAINTIFF LAST JOB ASSIGNMENT).

3. In the past twelve months have you received any money from any of the following sources?:

- |   |   |
|---|---|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Spousal or child support                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| g. Any other sources                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. RECEIVED \$100.00 FROM BROTHER, RAY

FLENDY SR, AS A GIFT. IT IS UNKNOWN AS TO WHETHER OR NOT I WILL RECEIVE ANYMORE MONEY. (\$ 50.00, 50.00, AND 25.00)

4. Do you have any checking account(s)? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): N/A.

b. Present balance in account(s): N/A.

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): N/A.

b. Present balance in account(s): N/A.

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

a. Make: — Year: — Model: —

b. Is it financed? ☐ Yes ☒ No (N/A)

c. If so, what is the amount owed? N/A.

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value. N/A.

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. MY SON: NEHEMIAH ROBINSON, JR; COUSIN:

BARRY CONWAY; THE AMOUNT VARIES AND DEPEND ON FINANCIAL STATUS.

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable): N/A.

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): T.V, HEAD PHONES, CD-PLAYER, CD'S (DISC), AND WATCH.

12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses. FAMILY

MEMBERS ONLY.

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

2-4-08

DATE

Mr. Nehl Rati

SIGNATURE OF APPLICANT

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

**PRISON CERTIFICATE**  
**(Incarcerated applicants only)**  
 (To be completed by the institution of incarceration)

I certify that the applicant ROBINSON, NEHEMIAH  
 (NAME OF INMATE)

571342  
 (INMATE'S CDC NUMBER)

has the sum of \$ 12.<sup>20</sup> on account to his/her credit at

CAUPATRIA STATE PRISON  
 (NAME OF INSTITUTION)

I further certify that the applicant has the following securities N/A

to his/her credit according to the records of the aforementioned institution. I further certify that **during**

**the past six months** the applicant's *average monthly balance* was \$ 893.<sup>06</sup>

and the *average monthly deposits* to the applicant's account was \$ 37.<sup>50</sup>

**ALL PRISONERS *MUST* ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).**

2/21/08

DATE

[Signature]

SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

D. ZAMUDIO

OFFICER'S FULL NAME (PRINTED)

ACCOUNT CLERK

OFFICER'S TITLE/RANK

**TRUST ACCOUNT WITHDRAWAL AUTHORIZATION**  
**(Incarcerated applicants only)**

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, NEHEMIAH ROBINSON J-71342, request and authorize the agency holding me in  
(Name of Prisoner/ CDC No.)  
 custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either ☒ \$350 (civil complaint) or ☐ \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

2-4-08

DATE

Mr. Nehemiah Robinson

SIGNATURE OF PRISONER

CALIFORNIA DEPARTMENT OF CORRECTIONS  
CALIPATRIA STATE PRISON  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: AUG. 01, 2007 THRU FEB. 21, 2008

ACCOUNT NUMBER : J71342  
ACCOUNT NAME : ROBINSON, NEHEMIAH  
PRIVILEGE GROUP: D  
BED/CELL NUMBER: FA0500000000148L  
ACCOUNT TYPE: I

TRUST ACCOUNT ACTIVITY					BALANCE	
DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS
08/01/2007		BEGINNING BALANCE				979.50
08/07	W513	MISC. CHARGES ENVEL	0772		0.30	979.20
08/07	W516	LEGAL COPY CH	8/4		5.30	973.90
08/13	FC02	DRAW-FAC 2	B-2		0893	911.90
08/22	W516	LEGAL COPY CH	08-16/1096		18.20	893.70
08/28	D300	CASH DEPOSIT	MR/701237		50.00	943.70
09/10	W516	LEGAL COPY CH	8/31		1437	940.40
09/10	W512	LEGAL POSTAGE	9/4		1434	938.12
09/14	W516	LEGAL COPY CH	9-05		1541	923.72
09/17	W502	POSTAGE CHARG	09/14		1566	920.88
09/17	W502	POSTAGE CHARG	09/14		1566	920.47
09/17	W502	POSTAGE CHARG	09/14		1566	918.65
09/19	W515	COPY CHARGE	09/17		1628	918.55
09/24	W512	LEGAL POSTAGE	9/21		1737	916.73
09/24	W512	LEGAL POSTAGE	9/21		1737	914.06
09/26	W516	LEGAL COPY CH	9/20		1812	901.26
10/01	W515	COPY CHARGE	09-27/1884		1884	892.86
10/02	W512	LEGAL POSTAGE	10/1		1923	890.70
10/02	W512	LEGAL POSTAGE	10/1		1923	889.22
10/15	FC05	DRAW-FAC 5	A5		2175	844.22
10/16	W516	LEGAL COPY CH	10/9		2218	842.42
10/22	FR01	CANTEEN RETUR	702311			842.52
11/06	W512	LEGAL POSTAGE	10/30		2656	841.76
11/06	W516	LEGAL COPY CH	10/26		2667	837.76
11/16	D300	CASH DEPOSIT	MRMO		2838	937.76
11/19	FC05	DRAW-FAC 5	A-5		2906	917.76
11/26	FR01	CANTEEN RETUR	702988			917.77
12/10	D300	CASH DEPOSIT	MR/ 703242		50.00	967.77
12/17	D300	CASH DEPOSIT	MR/703399		25.00	992.77
12/17	FC05	DRAW-FAC 5	A5		3434	947.77
12/19	W516	LEGAL COPY CH	12/17		3496	947.77
12/24	W512	LEGAL POSTAGE	12-17		3606	885.07
12/24	W512	LEGAL POSTAGE	12-17		3606	876.17
01/02	FR01	CANTEEN RETUR	703683			869.77
01/07	W512	LEGAL POSTAGE	1/7		3822	873.01
01/08	W415	CASH WITHDRAW	BOOK		3871	872.86
01/14	FC05	DRAW-FAC 5	A5		3963	832.87
01/23	W513	MISC. CHARGES	1-19		4164	787.87
01/23	W516	LEGAL COPY CH	1-16		4165	787.72
01/25	W512	LEGAL POSTAGE	01/23		4230	776.32
01/28	FR01	CANTEEN RETUR	704238			771.72
02/04	W512	LEGAL POSTAGE	1/30		4375	771.73
						766.43

REPORT ID: TS3030 .701

REPORT DATE: 02/21/08  
PAGE NO: 2CALIPATRIA STATE PRISON  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: AUG. 01, 2007 THRU FEB. 21, 2008

INMATE: J71342 ACCT NAME: ROBINSON, NEHEMIAH

ACCT TYPE: I

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
02/04	W512	LEGAL POSTAGE	1/30	4375		2.84	763.59
02/04	W516	LEGAL COPY CH	1/28	4384		19.50	744.09
02/04	W513	MISC. CHARGES ENVEL		4393		0.15	743.94
02/13	W415	CASH WITHDRAW	BILL	4597	111088649	6.74	737.20
02/13	W415	CASH WITHDRAW	COUNSE4597	111088650		700.00	37.20
02/15	FC01	DRAM-FAC 1	A-5	4661		25.00	12.20

## TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
979.50	225.00	1,192.30	12.20	0.00	0.00



THE WITHIN INSTRUMENT IS A CORRECT  
COPY OF THE TRUST ACCOUNT MAINTAINED  
BY THIS OFFICE.  
ATTEST:  
CALIFORNIA DEPARTMENT OF CORRECTIONS  
BY [Signature]  
TRUST OFFICE

CURRENT  
AVAILABLE  
BALANCE  
12.20